

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10953

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** COMPREHENSIVE HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

7270 NW 12TH ST  
PENTHOUSE #6  
MIAMI, FL 331261929

**New Principal Place of Business:**

**Current Mailing Address:**

7270 NW 12TH ST  
PENTHOUSE #6  
MIAMI, FL 331261929

**New Mailing Address:**

**FEI Number:** 59-2728749      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROJAS, SILVIA  
7235 H NW 19TH ST  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MARTY, FRANCISCO W  
Address: 7270 N.W. 12TH ST.,#PH6  
City-St-Zip: MIAMI, FL 33126

Title: DVPS  
Name: MARTY, ROSE MARIE  
Address: 7270 N.W. 12TH ST.,#PH6  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSE MARIE R MARTY

DVPS

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date